

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a Medicare Life Safety Code (LSC) recertification survey conducted at your facility on 4/14/10.  Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2000 Edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	K 000			
K 018 SS=D	The following deficiencies were identified: <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	<b>K018 Life Safety Code standard</b>  <i>The facility will assure that all door openings are able to resist the spread of smoke at all times</i>	accepted 5-3-10 S. Gordon	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2850 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure all doors protecting corridor openings resisted that passage of smoke.  Findings include:  The corridor door of the resident's Shower Room located in the "E" Hall, revealed a large trash can prompting open the door and impeding the closure of the door.	K 018	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? <ul style="list-style-type: none"> <li>• <b>E hall door has had trash can removed</b></li> </ul> How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? <ul style="list-style-type: none"> <li>• <b>Daily rounds by hall, monitor and safety committee to assure no doors are propped open per fire safety procedures</b></li> </ul> What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? <ul style="list-style-type: none"> <li>• <b>All staff will be re-educated to fire prevention with a focus on smoke barriers</b></li> </ul> How will the facility monitor its corrective action to ensure that the deficient practice is being corrective and will not recur; i.e., what programs will be put into place to monitor the continued effectiveness of the systemic change? <ul style="list-style-type: none"> <li>• <b>Safety committee to make rounds daily at different times for the next 3 months and monthly thereafter to look for openings in smoke barriers</b></li> </ul> Monitored by: DOE and Maintenance Director to assure compliance Completion date: 5/12/2010		

RECEIVED

APR 29 2010

BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295055	(X2) MULTIPLE CONSTRUCTION A. BUILDING .01 B. WING _____		(X3) DATE SURVEY COMPLETED  04/14/2010
NAME OF PROVIDER OR SUPPLIER  COLLEGE PARK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018	Continued From page 1	K 018			
K 039 SS=E	<p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure all doors protecting corridor openings resisted that passage of smoke.</p> <p>Findings include:</p> <p>The corridor door of the resident's Shower Room located in the "E" Hall, revealed a large trash can prompting open the door and impeding the closure of the door.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>This STANDARD is not met as evidenced by: 2000 4.6.7 Modernization or Renovations. Any alteration or any installation of new equipment shall meet, as nearly as practicable, the requirements for new construction. Only altered, renovated, or modernized portions of an existing building, system, or individual component shall be required to meet the provisions of this Code that are applicable to new construction. If the alteration, renovation, or modernization adversely impacts required life safety features, additional upgrading shall be required. Existing life safety features that do not meet the requirements for new buildings, but that exceed the requirements for existing buildings, shall not be further</p>	K 039	<p>K 039 Width of Corridors</p> <p>The facility will assure that all corridors are at least a width of 8 feet unobstructed</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The medication cart in unit E has been moved when not in use The ice cart near room 53, 38, 30, have been removed</p>		

PHOTOCOPY

MAY 03 2010

BUREAU OF LICENSURE  
AND CERTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 1	K 018			
K 039 SS=E	<p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure all doors protecting corridor openings resisted that passage of smoke.</p> <p>Findings include:</p> <p>The corridor door of the resident's Shower Room located in the "E" Hall, revealed a large trash can prompting open the door and impeding the closure of the door.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>This STANDARD is not met as evidenced by: 2000 4.6.7 Modernization or Renovations. Any alteration or any installation of new equipment shall meet, as nearly as practicable, the requirements for new construction. Only altered, renovated, or modernized portions of an existing building, system, or individual component shall be required to meet the provisions of this Code that are applicable to new construction. If the alteration, renovation, or modernization adversely impacts required life safety features, additional upgrading shall be required. Existing life safety features that do not meet the requirements for new buildings, but that exceed the requirements for existing buildings, shall not be further</p>	K 039	<p><b>K 039 Width of Corridors</b></p> <p>The facility will assure that all corridors are at least a width of 4 feet unobstructed</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The medication cart in unit E has been moved when not in use The ice cart near room 53. 38, 30, have been removed</p>		

RECEIVED

APR 29 2010

BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

Val D  
4-5/3/10

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 039	<p>Continued From page 2</p> <p>diminished. In no case shall the resulting life safety features be less than those required for existing buildings.</p> <p>19.2.3.3 Any required aisle, corridor, or ramp shall not be less than 4 ft in clear width where serving as means of egress from patient sleeping rooms. The aisle, corridor, or ramp shall be arranged to avoid any obstructions to the convenient removal of nonambulatory persons carried on stretchers or on mattresses serving as stretchers.</p> <p>Exception No. 1: Aisles, corridors, and ramps in adjunct areas not intended for housing, treatment, or use of inpatients shall be not less than 44 inches in clear and unobstructed width.</p> <p>Exception No. 2: Exit access within a room or suite of rooms complying with the requirements of 19.2.5</p> <p>7.3.2 Measurement of Means of Egress. The width of egress shall be measured in the clear at the narrowest point of the exit component under consideration.</p> <p>Exception: Projections not more than 3 1/2 inch on each side shall be permitted at 38 inches and below.</p> <p>Based on observation, the facility failed to maintain the pre-existing corridor widths.</p> <p>Findings include:</p> <p>The below listed locations had the following corridor width reductions:</p> <p>1). A medication cart stored near the cross-corridor doors near Unit E, narrowed the means of egress from 96" to 68".</p> <p>2). A ice cart stored near Resident Room #53,</p>	K 039	<p>How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken;</p> <ul style="list-style-type: none"> <li>Hall monitors will make daily rounds to assure carts are not stagnant and parked in the hallways if not in use</li> <li>All staff will be re educated on cart storage and the law for corridor size</li> </ul> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> <li>All halls will be monitored for cart storage throughout the day by assigned hall monitors</li> <li>Carts will have signage to identify if they are in use, If not carts will be removed and stored out of resident usage area.</li> <li>All carts will be stored on one side of the hallway leaving a passage at all times</li> </ul> <p>How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur; ie: what programs will be put into place to monitor the continued effectiveness of the systemic change.</p>		

RECEIVED

APR 29 2010

BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 039	Continued From page 3 narrowed the means of egress from 96" to 73". 3). A ice cart stored near Resident Room #38 in Hall D, narrowed the means of egress from 96" to 68". 4). A ice cart stored near Resident Room #30 in Hall C, narrowed the means of egress from 96" to 68".	K 039	<ul style="list-style-type: none"> <li>• <b>Daily rounds by safety committee as well as assigned hall monitor</b></li> <li>• <b>Obstructions identified will be assigned to CQI and Safety for review and new policies to assure compliance,</b></li> <li>• <b>All staff will be in-serviced to this immediately following committee meeting</b></li> </ul> <b>Monitored by: Director of Nursing and Dir of Maint,</b>  <b>Completion date: 5/12/2010</b>		

**RECEIVED**  
**APR 29 2010**  
BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2836 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 050 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Section 19.7.1.3 Employees of health care occupancies shall be instructed in life safety procedures and devices.</p> <p>Section 19.7.2.1 For health care occupancies, proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy's fire safety plan.</p>	K 050	<p><b>K 050 Fire Drills</b></p> <p><i>The facility will hold fire drills quarterly per shift</i></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p><b>Charge Nurse will be re educated on her duties during a fire</b></p> <p>How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken;</p> <ul style="list-style-type: none"> <li><b>Fire drills will be held weekly for three weeks (Once a shift) and monthly thereafter to assure compliance with documentation</b></li> </ul>		

RECEIVED  
APR 29 2010  
BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050	<p>Continued From page 4</p> <p>Section 19.7.2.2 A written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of the immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>Section 19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response of fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions:</p> <ol style="list-style-type: none"> <li>(1) When the individual who discovers a fire must immediately go to the aid of an endangered person</li> <li>(2) During a malfunction of the building fire alarm system.</li> </ol> <p>Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.</p> <p>Based on interview and observation, the facility failed to ensure staff was knowledgeable regarding the fire safety plan requirements.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Following the discovering of the simulated fire, the Certified Nurse Assistant informed the Charge</li> </ol>	K 050	<ul style="list-style-type: none"> <li>• <b>Charge Nurses will be re educated to safety procedures</b></li> </ul> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> <li>• <b>All staff will be re educated to safety procedures and dept responsibilities. An updated written policy will be given to every staff person on Fire Drill procedure.</b></li> <li>• <b>All new hires will be educated to their responsibility to fire procedures and a written policy handed to them at the time of hire</b></li> </ul> <p>How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, ie: what programs will be put into place to monitor the continued effectiveness of the systemic change.</p> <ul style="list-style-type: none"> <li>• <b>Fire drills will be completed on each shift to assure each staff person understands their responsibility</b></li> <li>• <b>Every staff person will sign that a review has been completed and knowledge is updated.</b></li> </ul>		

RECEIVED

APR 29 2010

BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/14/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 050	Continued From page 5 Nurse at the main Nursing Station of the fire and location. The announcement of "Code Red" was not heard until long after the alarm was sounded and after staff responded and were observed standing at the nursing station with no indication of the simulated fire location. There was no immediate announcement of "Code Red" and the location of the simulated fire.	K 050	Monitored by: Dept heads of each dept and Maint to assure compliance Completion date: 5/12/2010		

RECEIVED

APR 29 2010

BUREAU OF LICENSURE AND CERTIFICATION  
LAS VEGAS, NEVADA